

STATE OF SOUTH CAROLINA
COUNTY OF BERKELEY

PROBATE COURT

IN THE MATTER OF

CASE NUMBER

PETITION FOR

☐ FINDING OF INCAPACITY

☐ APPOINTMENT OF:

☐ GUARDIAN

☐ SUCCESSOR GUARDIAN

Petitioner: _____

I. ALL PETITIONERS MUST COMPLETE THIS SECTION.

1. Nature of interest of undersigned:

2. Information - Allegedly Incapacitated Person

Name: _____ Age: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City/State/Zip: _____

Telephone: _____

To my knowledge, above-named ☐ DOES ☐ DOES NOT have a will.

To my knowledge, above-named ☐ HAS ☐ HAS NOT ever been committed to a South Carolina Mental Health facility.

3. Information - Family of allegedly incapacitated person, including dates of birth of minors:

Name and Social Security #	Date of Birth	Address	Relationship to Decedent
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(use additional sheet if necessary)

4. The following is a general statement of the property, assets and income of the above person, together with an estimate of the value thereof:

Description and Location	Value
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5. The nature and degree of incapacity is as follows:

II. COMPLETE THIS SECTION IF APPOINTMENT IS SOUGHT.

1. Is it your belief that the allegedly incapacitated person is in need of a guardian/successor guardian as a means of providing continuing care and supervision of the person of said incapacitated person?
☐ YES ☐ NO If no, please explain.
2. The extent to which the guardian should be permitted to give consents or approvals that may be necessary to enable the allegedly incapacitated person to receive medical or other professional care, counsel, treatment or services is as follows:
3. The nature and extent of the care, assistance, protection, or supervision which is necessary or desirable for the allegedly incapacitated person under all the circumstances is as follows:
4. Has a guardian appointed by a Will accepted such appointment?
☐ NO ☐ YES If yes, please explain.
5. The welfare and best interest of the subject will be served by the appointment of a guardian for him/her.
6. I request the appointment of:

Name: _____

Address: _____

Telephone (O): _____

(H): _____

whose priority for appointment as guardian for the subject is as follows:

- ☐ a person nominated to serve as guardian by the allegedly incapacitated person
- ☐ an attorney in fact appointed by the allegedly incapacitated person pursuant to Section 62-5-501, whose authority includes powers relating to the person of the incapacitated person
- ☐ spouse of the allegedly incapacitated person
- ☐ adult child of the allegedly incapacitated person
- ☐ parent of the allegedly incapacitated person
- ☐ other relative of the allegedly incapacitated person (specify):
- ☐ nominated by the person who is caring for the incapacitated person or paying benefits to him/her
- ☐ Other (specify):

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7. Is it necessary to appoint a temporary guardian for the subject until a hearing can be held on this Petition?
☐ NO ☐ YES If yes, please state reasons.

III. ALL PETITIONERS MUST COMPLETE THIS SECTION.

1. Venue for this proceeding is proper in this county because the subject:
☐ resides in this county
☐ is present in this county
☐ is admitted to an institution pursuant to an order of a court of competent jurisdiction in this county
2. The following persons are required by statute to be given notice of the time and place of hearing on this Petition: (SCPC 62-5-309)

Name	Address	Relationship
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IV. CHECK ALL THAT APPLY:

- ☐ I request that the Court set a time and place of hearing on this Petition and that the Court determine that the above person is incapacitated.
- ☐ I request that the Court determine that the need for the appointment of a guardian is proper; and that the Court appoints _____ the guardian for the above person; and that Letters of Guardianship be issued to the guardian.

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VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

SWORN to before me this _____
day of _____, ____.

Signature: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____

Notary Public for South Carolina
My Commission Expires: _____

Attorney: _____

Address: _____

Telephone: _____

ORDER TO SEND VISITOR

IT IS HEREBY ORDERED that _____ be sent as visitor to the place where the allegedly incapacitated person resides to observe conditions and report in writing to the Court (Form #531PC) prior to the hearing date set below.

Executed this _____ day of _____, ____.

Francis M. Kirk
Probate Court Judge

Case Number: _____

ORDER FOR HEARING

IT IS HEREBY ORDERED that a hearing on this matter be set for:

DATE:

TIME:

PLACE

Pursuant to SCPC Section 62-1-401, the petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing date.

Executed this _____ day of _____, _____.

Francis M. Kirk
Probate Court Judge

ORDER OF APPOINTMENT

- ☐ GUARDIAN
- ☐ TESTAMENTARY GUARDIAN
- ☐ TEMPORARY GUARDIAN
- ☐ SUCCESSOR GUARDIAN

On the basis of the above petition and upon hearing, **IT IS HEREBY ORDERED** that the Court finds that venue is proper, that the required notices have been given or waived, and that:

The allegedly incapacitated person ☐ IS ☐ IS NOT incapacitated.

The Court further finds the following facts concerning the nature and degree of the incapacitated person's incapacity:

The Court further finds that:

The appointment of a guardian ☐ IS ☐ IS NOT necessary or desirable as a means of providing continuing care and supervision of the person of the incapacitated person.

(Order continued on next page)

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Having considered the wishes of the incapacitated person concerning his care, counsel, treatment, service and supervision, and his views concerning the selection of the guardian, the duties of the guardian, and the scope and duration of the guardianship, the Court appoints _____ as guardian of the incapacitated person and directs the issuance of Letters of Guardianship to the guardian as follows:

RESTRICTIONS:

Executed this _____ day of _____, _____.

Francis M. Kirk
Probate Court Judge

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Guardian of the incapacitated person of _____.

SWORN to before me this _____
day of _____, _____.

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____

Notary Public for South Carolina
My Commission Expires: _____

Attorney: _____
Address: _____

Telephone: _____